

PHYSICAL THERAPY

Service Description

H052-KB

A service that provides treatment to restore, maintain or improve a physical function.

This service provides ~~consultation/coaching to teams through~~ evaluation, ~~and ongoing~~ assessment, training, and/or treatment to Division members and is designed to maintain or improve participation and independence in the member's daily activities ~~in activities that support function~~. This service shall develop and train ~~memberseconsumers~~ and/or their caregivers in therapeutic activities in order for the member and caregivers to be able to implement the and ~~treatments designed to maintain or improve participation and independence in~~ activities throughout the member's day (such therapeutic activities are referred to as a "home program"). Evaluation, assessment, training, and treatment are based on that support functional outcomes identified in the member's planning document [e.g., Individual Support Plan ("ISP")].

Service Requirements and Limitations

1. This service is intended for ~~memberseconsumers~~ over age of three (3) years and under the age of twenty-one (21) years.
62. This service shall be provided with a parent/family member/caregiver/responsible person present and participating in the therapy session. Qualified Vendors shall refer to the Division's Provider Manual for guidance regarding participation during therapy sessions.
3. ~~This service and~~ may be provided in the following settings:
 - 34.1 The ~~memberseconsumer's~~ home;
 - 34.2 ~~The~~ A member's community setting;
 - 34.3 A group home;
 - 34.4 A developmental home (child or adult);
 - 34.5 A skilled nursing facility;
 - 34.6 An Intermediate Care Facility ("ICF")/MR, including members over the age of twenty-one (21) years; or
 - 34.7 The Qualified Vendor's office/center; or
 - 3.8 4. The therapist may provide direct services during A Day T treatment and T training location as identified in the member's planning document under the following circumstances:

~~3.8.1 With a component of training the Day Treatment and Training staff present and learning how to implement activities to meet the member's outcome(s) and in conjunction with the home program, or~~

~~3.8.2 At the request of the member or member's representative and with the agreement of the Day Treatment and Training program. A parent/family member/caregivers/responsible person, other than the Day Treatment and Training staff, must be present and participating. In this circumstance, the Day Treatment and Training program shall not bill the Division for the time in which the therapy is occurring.~~

~~3. The therapist cannot provide direct services during the student's school hours.~~

~~3.1 A therapist may go to the school to observe, provide technical assistance and collaboration.~~

~~42. This service shall not be provided when the member is hospitalized.~~

~~4. The therapist may provide direct services during day treatment and training as a component of training the day treatment staff how to do activities to meet the consumer's outcomes.~~

~~5. This service shall utilize a therapist delivers therapies according to the consultation/coaching process model and style of interaction to build the capacity of the member/parent/family member/caregivers to meet the member's planning document outcomes.~~

~~6. The therapist does not provide services without a responsible party present who participates in the therapy session.~~

~~7-6. This service requires a Primary Care Provider ("PCP") or attending physician's order (i.e., prescription) and must be included in the member's individualized care plan. The care plan must be reviewed at least every 62 (sixty-two) days. An evaluation does not require a prescription.~~

Service Goals and Objectives

Service Goals

~~16. To address the member's needs unique skills in the following areas:~~

~~16.1 Gross- motor, gait, balance, proprioception, strength, and fine motor.~~

~~16.2 Muscle tone, neuromuscular, cardiovascular.~~

16.3 Reflex testing (as appropriate), and

16.4 Equipment ~~needs including training, including~~ adaptation and/or modifications.

2. To support and enhance the member's consumer, family/caregiver's ability to promote the consumer's development and participation in family and community life by providing suggestions and opportunities that facilitate successful engagement in relationships, to participate in activities, routines, and events of everyday life.
32. To assist the member and the parent/family member/caregivers in focus on functional and meaningful outcomes for consumers that supporting the member's development their independence and participation to incorporate learning opportunities throughout the existing daily routine in their community through the activities that interest and fulfill them.

Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. The therapist ~~participates in,~~ conducts or obtains an evaluation/assessment of the member/consumer's development.
 - 1.1 The evaluation/assessment addresses the concerns and questions of the member's planning team as identified in the member's planning document.
 - 1.23 The evaluation is conducted by a qualified ~~therapist/personnel~~ who ~~is/are~~ trained to use appropriate methods and procedures for the member/consumer being evaluated.
 - 1.34 The evaluation/assessment of the member/consumer's development shall include:
 - 1.3.1 ~~(1)-A~~ review of pertinent records related to the member's current health status and medical history;
 - 1.3.2 ~~(2)-a~~ An evaluation of the member's level of functioning and assessment of the unique needs of the member/consumer;
 - 1.3.3 ~~(3)-a~~ An interview with the member and his/her consumer/ parent/family member/ and other caregivers; using appropriate questionnaires;
 - 1.3.4 ~~D~~irect observations by the therapist; and
 - 1.3.5 ~~S~~tandardized test and procedures (as appropriate), ~~direct observations and consultation with others to gather input regarding daily routines, supports, strengths and concerns.~~
 - 1.2 Evaluation/assessment procedures include consideration of the consumer's developmental capabilities across all domains (cognitive, physical, vision and hearing,

communication, social-emotional and adaptive development) that impact the consumer's ability to (1) engage or participate, (2) develop social relationships, and (3) be independent.

~~1.3~~ The evaluation is conducted by qualified personnel who are trained to use appropriate methods and procedures for the consumer being evaluated.

~~1.4~~ Evaluation/assessment procedures and materials selected are administered in the native language of the consumer and/or caregivers or other effective mode of communication, unless it is clearly not feasible to do so, and the process and materials are not racially or culturally discriminatory.

~~1.45~~ The evaluation/assessment must result in written evaluation reports. The reports shall:

~~1.4.1~~ Address the concerns and questions of the member's planning team;

~~1.4.2~~ Recommend generating in initiating an evaluation/assessment, address the outcomes and strategies for the member's planning document in the ISP;

~~1.4.3~~ Recommend a home program and include documentation of how therapeutic activities are to be incorporated into the member/consumer's daily routine; and

~~1.4.4~~ Document The report may include other recommendations, as identified, such as equipment needs.

~~1.56~~ The therapist reviews and discusses evaluation/assessment results with the member/member's representative/consumer/family and other planning team members.

2. The therapist participates on the member's planning team by:

~~2.1~~ Assists the consumer and/or the family in identifying their priorities, resources, and interests. 3. The therapist, as a member of the team, collaborate and consults with the planning/ISP team members (including school programs and other therapists) to ensure that all services, supports, and strategies are coordinated and focus on assisting the member/consumer/family and other his/her caregivers to participate in desired activities. Techniques or modalities should support one another and not contradict each other.

~~2.2~~ Reviewing and synthesizing information from all assessments, evaluations, pertinent records, member/consumer and family reports, observations, and other sources of information.

~~2.32.2.1~~ The ISP team will identify potential outcomes to be incorporated into the member/consumer's planning document daily activities.

2.4 Identifying potential strategies/teaming methodologies to meet the therapy outcomes.

2.55.4 Documenting and reporting progress toward therapy outcomes.

34. The therapist/therapy assistant shall provides intervention, treatment, and training when
2. collaborates with consumers/families, caregivers, support coordinators, and other
professionals skills are required to develop and implement outcomes/objectives/goals of the
member's theplanning documentIndividual Support Plan (ISP).

2.2.2 The ISP team will identify the supports and strategies that will assist the
consumer/family to incorporate therapeutic activities into their daily routines.
The team shall ensure that all strategies developed with the family and
caregivers are: (1) relevant to the consumer's/family's priorities, resources, and
concerns; (2) directly linked to the consumer's daily routines; and (3) based on a
holistic understanding of the consumer's life.

4.2.2.2.1 The therapist shalldevelops, trains, and monitorswrite a home program for the
member that:

4.12.2.2 Ceontainsing specific activities that the member and his/hertherapist has trained
the parent/family member/-and caregivers canto do each day to help the member to
meet the consumer'shis/her outcomes.

4.2 Is part of the member's daily routines; and

4.3 Is reviewed and updated by the therapist as part of all treatment sessions; and

4.4 Is documented in each quarterly report including progress, oversight, changes, and/or
additions.

4. The therapist uses professional skills to provide intervention, treatment and training to
implement outcomes/_objectives/goals of the ISP.

5. When therapy is no longer reasonable and necessary on a regular basis, a therapist shall
access and establish a functional maintenance program for the member to achieve the
outcomes.

The therapist attends and contributes as necessary to the ISP meeting and ongoing reviews of the
therapy related outcomes.

5.1 The therapist shall reassess and revise the maintenance program as needed. The
therapist, as a member of the team, documents and reports progress toward therapy
outcomes systematically and uses this information to develop, review and evaluate the
plan.

5.2 The therapist maintains contact notes for each session and provides them to the
Division as requested.

6. Discharge planning is assessed throughout service delivery.

~~The therapist completes or obtains an evaluation/assessment of the consumer's skills and needs in the following areas:~~

~~6.1—Gross motor,~~

~~6.2—Muscle tone,~~

~~6.3—Reflex testing (as appropriate), and~~

~~6.4—Equipment needs including adaptation and/or modifications.~~

~~7. The therapist cooperates with the support coordinator to ensure that the ISP for this service includes:~~

~~7.1—Identification of the appropriate service delivery setting~~

~~7.2—How progress on the ISP functional outcomes is to be measured~~

~~7.3—Methodologies and strategies for teaching family and caregivers how to use therapeutic activities to improve consumer outcomes~~

~~7.4—The potential for developing the consumer's natural supports and non-paid relationships to assist the consumer in acquiring and maintaining skills that maximize the consumer's benefit from therapy intervention.~~

Service Utilization Information

~~This service is for consumers over age three (3):~~

1. The member's planning document ~~outcomes identified in the need for ISP shape the evaluation and assessment, standards of service delivery, and the concerns, priorities and resources of the family/caregiver.~~

2. The outcomes identified in the member's planning document support the model of service delivery.

32. The member's planning ~~ISP~~ team determines who will assist the member ~~family/caregiver and consumer~~ in attaining the outcomes.

43. All planning ~~ISP~~ team members contribute to the discussion and documentation for types and frequency of services for the member and are not unilateral decision-makers.

54. The therapist follows a physician's order (i.e., prescription) for the frequency and duration of services for the member.

- ~~6. 5.~~ Services for the member are time-limited; and ~~are~~may be revised consistent with ongoing assessment and attainment of anticipated outcomes.
- ~~7.~~ Service delivery methods, times, days, and locations are flexible and meet the requirements of ~~the member~~consumers, the member's representative, and ~~his/her~~their caregivers ~~as appropriate.~~
- ~~86.~~ The therapist makes recommendations for needed equipment, possible adaptations, and repairs and supports the member and his/her parent/family member/caregiver in its use.
- ~~8.1~~ The therapist monitors any equipment that supports the member's outcomes related to their discipline~~as appropriate.~~

Rate Basis

- ~~1.~~ Published. The published rate is based on one (1) hour of direct service.
- ~~2.~~ Throughout the term of the contract, the appropriate billing codes, billing units, and associated billing rules are subject to change. All billing codes and billing units, and associated billing rules will be included in the Division's Policies and Procedures Manual, Billing Manual, *RateBook*, and/or other provider resources made available by the Division.

Direct Service Staff Qualifications

- ~~1.~~ The Qualified Vendor shall ensure that all direct service providers (therapists and therapy assistants) meet all applicable licensure requirements in order to provide therapy services, including:
- ~~1.1~~ Physical Therapy services must be provided by a person licensed by the Arizona Board of Physical Therapy Examiners pursuant to Arizona Revised Statutes ("A.R.S."), Title 32, Chapter 19.
- ~~1.~~ ~~and who is a graduate of an "accredited physical therapy education program" curriculum accredited jointly by the Council on Medical Education of the American Medical Association and the American Physical Therapy Association.~~
- ~~21.1.1~~ A Physical Therapists using a Physical Therapy Assistants must adhere to the supervision requirements from the Arizona Board of Physical Therapy Examiners pursuant to A.R.S., Title 32, Chapter 19.
- ~~1.2~~ Physical Therapy Technicians or other persons who are not Physical Therapists or Physical Therapy Assistants shall not be used to provide this service.
- ~~1.3~~ Each Physical Therapist shall have a National Provider Identifier ("NPI").

2. The Qualified Vendor and/or staff will attend administrative meetings, orientation and various trainings required by the Division.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall submit an evaluation report to the member's Support Coordinator, the member/member's representative, and the PCP within three (3) weeks of the evaluation.
 - 1.1 The content of the evaluation report shall will include adhere, at a minimum, to the Division's therapy reporting requirements as identified on the Therapy Assessment/Evaluation report form.
2. The Qualified Vendor shall ensure that the therapist maintains contact notes for each therapy session and submits the notes to the Division as requested.
3. The Qualified Vendor shall submit quarterly individualized progress reports on the member to the Division and the member/member's representative unless the member/member's representative has requested not to receive them. The quarter is based on the calendar year and the reports are due no later than the fifteenth (15) day following the end of the quarter. The Qualified Vendor shall refer to the Division's Provider Manual for guidance on report due dates and minimum content of the reports. ~~2~~The Qualified Vendor shall submit a quarterly individualized progress report on each member to the Division, the member/member's representative, and the PCP no later than the within fifteenth (15th (fifteen) days of the end of July, October, January, and April the quarter.
 - 3.1 ~~The content of the report shall will includedocument, at a minimum, the relationship between the service and the outcome it is intended to achieve as identified on the ISP and adhere to the Division's therapy reporting requirements as identified on the Division's Quarterly Therapy Progress/Discharge Report form.~~
4. ~~8.~~The Qualified Vendor shall submit a discharge summary report to the member's Support Coordinator, the member/member's representative, and the PCP no later than the tenth (10th) business day after closure of services or a change of a Qualified Vendor.
 - 4.1 The content of the report shall include, at a minimum, the Division's discharge summary reporting requirements as identified on the Division's Quarterly Therapy Progress/Discharge Report form.
5. ~~3~~The Qualified Vendor shall must maintain daily records on file as proof of the number of hours worked by eachtheir direct service staff; (therapists/therapy assistants) providing direct service to members e.g., staff time sheets.
 - 5.1 Each time sheet, or equivalent document, or data system must contain the original signature or other independent verification be signed (that complies with A.R.S. § 41-132) of by the memberconsumer/family/memberconsumer's representative as

~~confirming the verification of hours worked. Proof of hours worked must be signed or verified by the member/member's representatives served prior to the Qualified Vendor submitting the claim for payment. If the therapist is asking for verification of "on behalf of time," the consumer must be provided with detail as to those activities. "On behalf of" does not include report writing as that activity has been calculated as a factor in the published rate.~~

~~4. In order to continue the service, the Qualified Vendor shall review and document in each quarterly report the consumer's progress toward outcomes, including the strengths and challenges of the consumer, family, caregivers or others.~~

~~65.~~ The Qualified Vendor shall maintain a copy of the member's current physician's order (i.e., prescription) for therapy services in the member's record.

~~76.~~ Upon initiation of service for the member and each month thereafter, the Qualified Vendor shall verify and update current information from the member/consumer/parent/family member/ or caregivers about the member/consumer's insurance coverage, Third Party Liability ("TPL"). Updated information shall be provided to the member's Support Coordinator in the method/form requested by the Division ~~requests~~.

~~87.~~ The Qualified Vendor shall provide and maintain updated/current information regarding/about availability, capacity, and contact information in the Division's Therapy Directory as directed by the Division.

~~8. The Qualified Vendor shall submit a discharge summary within two (2) weeks after closure of services or a change of a Qualified Vendor.~~

9. The Qualified Vendor shall maintain data that demonstrates full compliance with all programmatic and contractual requirements of the Department and the Division.